PLEASE WRITE PL

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-03

CERTIFICATE OF DEATH

00948

Reg. Dist. No. 333

1. PLACE OF DEATH County of the Action of Control (if crothing sites residence of the property flats give residence of the property give flats give residence of the property give residence of the property give flats give residence of the property give residence of the property give residence of the property of the property give residence of the property give give residence of the property give residence of the p		
City or lower (Consideration of the Control limits, write BUNAL and give manages town) Bee less in above place of death? Begin in above place of death? Bee loss in above place of death? Steel Ro	1. PLACE OF DEATH Comils	
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Street No. 1 Four Institution 1 Street No. 1 Four Institution 2 (co) it reteran, name war 2 (co) it reteran, name war 3 (do) Social Security Number 2 (co) it reteran, name war 3 (do) Social Security Number 2 (do) It reteran, name war 3 (do) Social Security Number 2 (do) It reteran, name war 3 (do) Social Security Number 2 (do) It reteran, name war 3 (do) Social Security Number 2 (do) It reteran, name war 3 (do) It reteran 1 (d		
Row long in hospital or institution 3. (a) FULL NAME Charles Ch	Hospital Matiliution, or street address where death occurred:	a Ra atant
3. (a) FULL NAME 4. See 5. Cylor or right 5. Cylor or right 6. (b) Bane of hurband or wife. 6. (c) Haller, give age. 7. Birth date of wife. 8. AGE: Year Months 9. Birthplace 9.		
4. Sec		
MEDICAL CERTIFICATION 5.(0) Hame of hurband or wife 5. 5.(0) If alive, give a 6. 6.(0) Hame of hurband or wife 5. 5.(0) If alive, give a 6. 6.(0) Hame of hurband or wife 5. 5.(0) If alive, give a 6. 6.(0) Hame of hurband or wife 5. 5.(0) If alive, give a 6. 6.(1) If alive, give a 6. 6.(1) If alive, give a 6. 6.(1) If alive, give a 6. 6.(2) If alive, give a 6. 6.(3) If alive, give a 6. 6.(4) If alive on the date above stated; that I allended deceased from 19. 19. and that I last saw h	Charles Russell	Baying 3. (0) Social Security Number
S. (6) Hame of husband or wife	1. Sex 5. Chor or rafe 6.(a) Single, married, widowed, or divorced	11. a, and 45 1240
T. Birth date of deceased (mo., day, yr.) 8. AGE: Verr Months Day: If less than one day 10. Usual occupation 11. Industry or business 12. Name The Conditions 13. Birthplace 14. Walden name (Include pregnancy within 3 months of deeth) 15. Birthplace 16. Informant Major findings of operations. The deeth was due to external causes, filly in the following: Actions of the finding of the fill of the following: Actions of the fill of the fill of the following: Actions of the fill of the following: Actions of the fill of the following: Actions of the fill of the fill of the following: Actions of the fill of the fi	Elit Diladam Da	
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9. Birthplace Company and splice Towns country, and splice The conditions The cond		Immediate cause of death
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthylage 14. Maiden name. 15. Birthylage 16. Construct of the construct o	00 0 6	Chome my o cardition 16 yes.
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthylage 14. Maiden name. 15. Birthylage 16. Construct of the construct o	9. Birthplace Wayne Co. Ofico	Due to Teneralized anterior clerosis 20 yrs
11. Industry or business 12. Mame.	1 N.T.	Serila Demontia 10 grs
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informany 17. (Buriel, cremation, or remoyal, Which?) 18. Pureral digetor 18. Pureral digetor Address Pale 19. Pureral digetor My D. or other Major finding of operations Major finding of operations Major finding of operations Pale Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, filly in the following: Accident, suicide, or homicide Cannty County Cou	100	Due to lice de t carrier
14. Malden name (Include pregnancy within 8 months of denth) 15. Birthplace (C. Office) 16. Informant (Include pregnancy within 8 months of denth) 17. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 17. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 18. Pureral director (Country) (State) 19. Address (Include pregnancy within 8 months of denth) Major findings of operations. R. Country (Dec. 5, 1944 Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, flithin the following: Accident, suicide, or homicide (Where) (Country) (State) Where did injury occur? (State) (Country) (State) Injured at home, farm, industry, public place (where?) (Country) (State) 18. Pureral director (Where?) (State) (Minings) (State) (Minings) (Minings		produce of regarding towns.
15. Birthplace 10. Common 10. Com		
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? Where did injury occur? City or town) (State) Injured at home, farm, indistry, public place (where?) Address Alexandry Mr. D. or other	14. Maiden nage of many Cathanie Johnson	DI To Almata
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? Where did injury occur? City or town) (State) Injured at home, farm, indistry, public place (where?) Address Alexandry Mr. D. or other	15. Strippiac Vagne &. Ohis.	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
Address 2/9. E. Chench A. Michael PHYSICIAN: Please underline the cause to which death should be charged statistically. 17. Bland Date thereof Committee (morth) (day) (year) Cemetery or crematory A. County Date thereof County Date of Michael Date of Mi	Me Dugall & Range	
17. Burial, cremation, or removal. Which?) Cemetery or crematory. County (day) (year) Location County County (County) (State) Injured at home, farm, indistry, public place (where?). Little of the county of the	1010 6 01 1 - 1 744 1- 1	
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Location Use Medical Ship to the property of town to the property of the prope	(Burial, cremation, or removal, Which?) (munth) (day) (year)	10
18. Purer discours r. Co. Walter P. Hollows wears of him I fellow sidewall injured at work? No Address Salutry Maryland Street, J. Ricall, M. D. M. D. or other	Cemetery or crematory	(County) (State)
Address Salutry Maryland & Spetter J. Guedle M. D. M. D. or other	Location	Y . C C . A
M, D. or other	18. Printeral director.	means or refine the processor injured at work?
to I di. And D to Magazal E. Maria	Addressalutry Mary land	a scaller t, S. Milall, M. D.
	19. (Determined by perfect of the parint Exposite	and Bolling

RECEIVED
FEB 7 1945
BUREAU V.S.

2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimore 950 CERTIFICATE OF DEATH

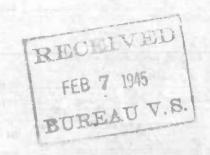
Reg. Diat. No. 233

County Consultation (If outside city of town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DEC ASED: (For any born in first give residence of mother) State
Row long in above place of death? Hospital, institution, or, street address where deady occurred:	City or town
306 Naylow At,	(14 parat, give LOCATION)
How long in hospital or institution	2.(a) If veteran, name war.
3. (a) FULL NAME Eliza Betta	3. (b) Social Security Number
4. So 5. Color or nece 6.(a) lingle, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wife Fellow / Sello	21 CERTIFY that realh occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) Tuely 13-1876	and that I last saw halive on
8. AGE: Years Months 5 Days If less than one day 25 min.	Immediate capse of death of Collaboration DURATION
R. Brimplate Bunton Delauan (Town, county, and state)	Due to Delect
to, Usual occupation	Due to.
11. Industry or business and and Item	Due 10
12. Name Pillam P. Records 13. Birtiplace Susses G. Delaware	Other conditions
14. Malden name Elizabeth Whanton 15. Birthplace Durry C. Delaware	(Include pregnancy within 3 months of death)
15. Birthplace / Survey 6. Delaware	Major findings of operations
18. Information action D. Betta	Date of op.
Address 306 Marler A. Silver ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Of A. Marie Mari	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removed Which?) Date thereof	Accident, suicide, or homicide
Cometery or compatory of account (com.	Where did injury occur?
Localin Salistun mayland	Injured al home, farm, industry, public place (where?)
18. Edneral Birector 18. Holling V. Joll	injured at work?
Address Schooling maryland.	1 (000 X 000°
1/11 145 Polit 19 00	23. SIGNATURE M. D. or other
(Date re'd by registrar)	14 1 19 14 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

VS A15

Dr. Hanson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (197)

CERTIFICATE OF DEATH

00950

Reg. Dist. No. 3.3.3.

City or town. (If outside city or lown limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DEGEASED: (For newborn Infacts give residence of mother) State
4. Sex 5. Color or sace 6.(a) Single, married, widowed, or divorged 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH 25 19 45 at 0 2 PM 21. I CERTIFY Mat death of ordered on the date above stated: that I attempted deceased from
7. Birth date of deceased (mo., day, yr.) DLC, Z,	and that I law saw h
11. Industry or Justiness 11. Industry or Justiness 12. Name. Malla Braylord 13. Birthylace Pulturille Mal	Dither conditions (Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace 16. Informant Address O. TH. January (Burial, cremation, or printy al. Which?) Cemetery or printatory Cemetery or	Major findings of operations Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22 VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State)
Location 18. Foreral director Address Laber Maryland 19. (Datasee'd by registrar) 19. (Datasee'd by registrar)	Injured at home, farm, industry, public place (where?) Means of injury Injured at word? Injured at word? Injured at word? M. D. or other Address. Salishury Md. Date signed / 26/44

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RECEIVED

FEB 7 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-0)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

00951

1. PLACE OF DEATH: WILSTILL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
() (//) = - 1	State State County Assistante
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joseph. To . Brewen	alon no
4. Sex 5. Color optace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male a.a. Married	20. DATE OF DEATH. LAW, 12, 1945 21 M
8.(b) Name of husband or wife. Ella II	21. I DESTIFY that death occurred on the date above stated; that Taltended deceased from
B.(c) If alive, give age years	July 19 10 10 19 11 19 11 11
7. Birth date of deceased (mo., day, yr.) (OPT 18 alexa) 1863	and that I last saw h alive on 19
8. AGE: Years Months Days If less than one day	Immediate cause of death
alout 79	Cerebil I Vemonh Junto
9. Birthpiace allen and	Due to.
(Town, county, and state)	Typulman Ira
1D. Usual occopation	Bushs of
11. industry or business the annex	Alew Acleur 31
12. Name I have to be find there of home	Other conditions
13. Birthplace allan and	
14. Maiden name Miller Charles Fillatt	(Include pregnancy within 3 months of death)
15. Birthpiace affen and	Majur findings of operationa
(M > W A	Date of op
18. informant Man A A A A A A A A A A A A A A A A A A A	Autupsy results
Address allen ma	
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
7)	
Cemetery or crematory and and analysis	Where did injury occur?
Location Allen Don A	Injured at home, farm, Industry, public place (where?)
18. Funeral director tensoral disternant	Means of injury injured at work?
Address Salisland And	Man M.
1/15-115 Apr 1 AA Ch	23. SIGRATURE M. D. or other
(Date recid by registrar)	Address of The eller M Bala alone 1/16/41

- HILLER TO TREE PARKS TILLY COLLISION

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Albane On the State of the March Mills of the Control of the State of

RECEIVED FEB 7 1945 BUREAU V S. Ds. Levis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 52-0/

CERTIFICATE OF DEATH

06958 Reg. Dist. No. 332

I. PLACE OF DEATH: SECONDE	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	State
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 54 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital institution, or street address where death occurred:	
Man saw	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
James Heanklin	Buttingham 3. (b) Social Security Number
4. Sex (5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20 BATE DE DELTO 9 am 3) at 45 520 p.
Garage P B. Tt. D.	EU. DATE DE DEATH.
6.(b) Name of husband or wife.	2f. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of Color Special Color Color Special Color	august 1044 to getting Slaves
deceased (mo., day, yr.) March 1-1868	and that f last saw h and alive oo diff deficiency 18
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
76 10 29 hrs. min.	aleminiararon as peluy 6 mis.
Din Ottilla 300	
9. Birthplace	Due to.
<i>I</i> (1)	
1B. Usual occupation	Due 1o
11. Industry or dysiness	
12. Name John Henry Bullingha	Alher conditions
13. Blytoplace 170. Petterelle 1 ma	
14. Maiden name Eliza game Butting	(Include pregnancy within 3 months of death)
5 Pin //the ill me	Major findings of operations
\$ 15. Birthylade TR PROBLECE /MG./	
16. Informan Mrs. anna C. Buttingham	Autopsy results
Address Willards Maryland	PHYSfCIAN: Please underline the cause to which death should be charged statistically.
D	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burisi, cremation, or repoyal, Which?) Date thereo (month) (day) (year)	Accident, suicide, or bomicide,
Cometery or crematory Dennus Cena	
Mean Well and Mid	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Auter director of 6. Nather R. William	Meaos of Injury Injured at work?
Salit Marel and	1 10 1 x 2 /2 ()
10 1 1000	23. SIGNATURE. Mank (Leur MA)
19. Kb. + 1 19.45 Otillian N. Davi	M. D. or other
(Date rec'd by registrar)	Address Willaus Ing Bate signed 145



mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. BAWRIE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH ARREST	
1. PLACE OF DEATH	250	
County Accounce	Registration Dist. No. 332	
Village or City Pettrille Hd		
(If Length of residence in city or town where deeth occurred / 2_yrsmos.	death occurred in a horpital or institution, give its NAMF, instead of street and number)	
0 11 1 . ~		
2. FULL NAME Sewell Leafun De	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Washe	21. DATE OF DEATH 20 Month) (Day) (Yeer)	
5e. If merried, widowed or divorced HUSBAND of (or) WIEF-of Sara Elysbeth Demo	22. I HEREBY CERTIFY, That I ettended deceased from Sugust 1944, to August 1945	
6. DATE OF BIRTH (month, dey, and year) 7. AGE Yeers Months Oeys If LESS than Iday,hrs.	to have occurred on the date stated above, at 7 - 11 - P m.	
3 Trade profession or particular	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Original hemmhage 1 of one angre 4.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete decessed last worked at this occupation (month and	1 2nd one 11-19-45	
SAW MILL, BANK, etc 10. Dete deceesed last worked at this occupetion (month and 1931 - spent in this occupation coupation		
12. BIRTHPLACE (city or town)	Other Contributary Causes of Importance:	
I 13. NAME Levis Dennis		
13. NAME Levin Dennis 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation	
15. MAIDEN NAME Tharrest Demo	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Harrett Demois 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?	
17. INFORMANT Mrs S. E. Dennis (Address) Petterille Md	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Piece Parkers Centage Octo 23 1945	Manner of Injury	
0- 410 -10 -10	Nature of Injury	
19. UNDERTAKER The Notice of Wells (Address) Puttoselle Mod	24. Wes disease or injury in any way releted to occupation of deceased? 11 f so, specify 12 f so, specify 13 f so, specify 14 f so, specify 15 f so, specify 16 f so, specify 17 f so f s	
20. FILEO 3 - 19 , 19 45 Tillian B. Mavis Registrar.	(Signed) Trank Terry M. D. (Address) Willards M.D.	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work dore 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, wedver, etc.

In stating the industry or business, avoid the fise of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanical but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchanical and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr.	Dairy)
(11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

00954

CERTIFICATE OF DEATH

er. Diet. No. 333

1. PLACE OF DEATH Welsome &	2. USUAL RESIDENCE (HOME) OF DECEASED? (For natural give residence of motive)
City or town. (If outside city or joyn limits, write RURAL and give nearest town)	State County ICom Co
How long in above place of death?	City or town
Hospital, Assitution, or street address where gent occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Ruth &	Oennis 3. (b) Social Security Number
Sex (6 Color operate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Jan. 29 45 1945 21/0.30 M
6.(6) Name of husband or wife	21. I CEPTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date ot	and that last saw h. A alive on 2002 29 1945
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
3 2 7hrsmin.	Towners On exmans 2 day
9. Birthplace PB - Hogyt Salily med	Due to.
10. Usual occupation	Congra- Coly
11. Industry or business	Due to.
12. Name / 12. Name / 12. Market / 13. Birthplace / 12. ## 3 Laluter ned	Other conditions I while Davi Field
	(Include pregnancy within 3 months of deeth)
14. Malden oame Ruth linich 15. Birthdage Lilvan Md.	Major findings of operations
16. Interment Winfield Dennie	Autopsy results
Address open it. Salify mg.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. YIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation, or em wai, Which?)	Accident, suicide, or homicide
Cemetery Prematory Williams Church	Where did injury occur?
Hallman + 6 11 4 1 - 1 The	Injured at home, tarm, industry, public place (where?) Maans of injury injured at work?
Address the tree med	The state of the s
1 /1 / WITH 1 AND	23 SIGNATURE M.D. or other
19. Date rec' by receptors	man Julland 1/30/41

FEB 7 1945
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Villamico Co.	State Drd County Lucinico
(If outside city or town limits, write RURAL and give nearest town)	an a Delightha may
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Sunta & Collis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temole Colored Single	20. DATE OF DEATH 20 3 19.05 31 10 A
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended declared from
	f 19 10 f feet 19
7. Birth date of	and that I jast off h
deceased (mo., day, yr.) UCT 16. 1944	Immediate cause of death
8. AGE: Years Months Days If less than one day	
2 Two hrsmin.	Bronchopuerone 2 days
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation.	
11. Industry or business	Due to
MI SAAMA EXP.	
12. Name	Dther conditions
El 13. Birthplace Challes alley I	(Include pregnancy within 8 months of death)
14. Malden name Tau A Tau Liby	Major findings of operations.
2 15. Birthpiace Wyno Con Salem 1 n.C	Date of op.
18. Informant Mary Intry	Autopsy results.
1. to ct	PHYSICIAN: Please underline the caose to which death shoold he charged statistically.
Address Jack Du St.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Subtle Cem	Where did injury occur?
1 1-to a soll	
Location Address Weeks Mut-	Injured at home, farm, Industry, public place (where?)
18. Funeral director of the first of the fir	Meana of Injury Injured at work?
Address Lalis leury Mil	20. SIGNATURE Slipsty had Farm
19. (Date rec's by registrar)	Address Alsohy Mul Date signed 15/45

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MARYLAND STATE DEPARTMENT OF HEALTH

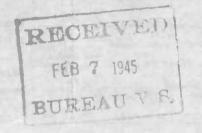
2411 N. Charles St., Baltimore 1276

CERTIFICATE OF DEATH

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	~ ()		000
Reg.	. Diat.	No.	333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Lactonica	(For newborn infants give residence of mother)
City or town	State County May County
How long in above place of death? / One week	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	1/2-
Pennsula General Hostitel	Street No.
	(If rural, givo LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Magare Garles	Dans prome.
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale a. a. married	20. DATE OF DEATH SAN 4 19 45 at 3 f. M
	ZV, DATE OF DEATH.
6.(b) Name of husband or wife Backs Jalle	21. I CERTIFY that death occurred on the date above stated; that I attinded deceased from
6.(c) It alive, give age years	JUC. 7 1945 10 day 4 19 20/
7. Birth date of	and that I last saw h Wallye on dew 4
deceased (mo., day, yr.) Decard 1908-	Dalund gall-
8. AGE: Years Months Days It less than one day	Immediato cause of death DURATION
1 2 1	Bladder with person ?
least 36 min.	Perito Nitis.
× 20 2 11:00	
9. Birthplace	Due to
\sim / · · · /	
10. Usual occupation Lyachalalala file	Due to
11. Industry or business	
MI V. I. T. D	
E 12. Name of Allander of the state of the s	Dither conditions
13. Birthplace Calmbury md	
5 4. 10 · DI	(Include pregnancy within 3 mouths of deuth)
14. Maiden name	Major findings of operations
2 15. Birthplace Smarefill md	
ma 4.11.180	Date of op,
16. Informant I I A delle Dane	Autopsy results
Address Soleshum and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
WINGS STATES OF THE	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bureal Date thereof In THE 1746	
(Burial, cremation, or remeyal, Which)	Accident, suicide, or homicide
Cemetery or crematory A Company of Country	Where did injury occur?
0.1 01.011	
Location Sales Sales Courses	plured at home, tarm, Industry, public place (where?)
9087	Means of Injury Injured at work?
18. Funeral director Annual An	0 (1 -
Address // De Par la sage And	10.0×0
The state of the s	23. SIGNATURE / COMPANY OF STATE OF STA
10 / Y wolf Blaca of the John	M. D. or other
(Daterer's by registrar)	Allegan Ales valley 1. Date strend 6/36



PLEASE WRITE PL

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore Total

CERTIFICATE OF DEATH

0(957 Reg. Dist. No. 339

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother)
1-4'-1	State Maryland County Micanico
(If outside eff or town limits, write RURAL and give nearest town)	1
How long in above place of death? 15 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 524 Washington Street
524 Washington Street	(If rural, givo LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3 (a) FIIII NAME	
Ida B. Hackett	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH 13 18 45 81 9:50 P. M
6.(6) Name of husband or wife. Harry B. Hackett	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wife	10.112
7. Birth date of 1/2 Second Se	74. 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
7. Birth date of deceased (mo., day, yr.) November 5, 1869	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
7- 7 8	Man The State of t
min.	
B. Birthplace	Due to
10. Usual occupation. Housework	
41	Due to
11. mustif of profites	
12. Name trang Trance 13. Birtholace Ohio	Other conditions
13. Birthplace Ohio	
14. Malden name Rewitta	(Include pregnancy within 8 months of death)
E I I MAINTEN BENEC.	Major findings of operations.
15. Birthplace Okio	Date of op.
18, Informant Mrs. Lowella H. Frase	Antopsy results.
Address Salisbury, Kangland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, which!) (month)/(day) (year)	
Cemetery or crematory. Thick Crest Constany	Where did injury occur?
Location Frderalsburg Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director & & Trainston and Son	Means of Injury Injured at work?
Address Federalsburg Maryland	- On . 7 A
1 Alaciet En Ostro	SCHOOL TORE TRANSMINE MIC,
(Date red'd by registrar)	Address Sulvishing Bote signed Walls

HEALTH OF THE CHARLES

What would named by a realized a solution

FEB 7 1945 BUREAU V.S. Dr. Ineley

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

			-	
Reg.	Diat.	No.	-3.	33

	rlea St., Baltimore (3)-0
CERTIFICA	TE OF DEATH Reg. Diat. No. 333
County	2. USUAL RESIDENCE (HOME) OF DICEASED: (For newborn intrits give residence of month) State
How long in hospital or institution?	3. (b) Social Security Number
Sex 5. dolor or labe 6. (a) Single, married widowed, or divorced Marie Married widowed, or divorced Marie Solo Name of husband or wife da M. Harriglan	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day Months Days If less than one day	and that I last saw h
9. Sirthplace	Due to
12. Name Slawthamp Hawnglon 13. Birthplace Byahr md. 14. Maiden name Delica Dunn 15. Birthplace Byahr md.	Diher conditions
16. Intermed 19 Jan Marington Address 520 S. Pir . A. felley md,	Antopsy results
(Burial, eremation, or removal. Which?) Cemetery or prematory Location Location Date the form (House) (House) (House) (House) (House)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Alfal style one of & Walter R. Hold Saluty of med. 19. (Data fee'd by Tegistrar) 19. (Data fee'd by Tegistrar)	Means of injury injured at work? 3. Signature M. M. D. or other



MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

CERTIFICATE OF DEATH

00959

Reg. Dist. No. 333

1. PLACE OF DEATH: Michaeles	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Alia Assass	State M. County Mismis
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town Saliabany
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
teninsula Teneral Kaspital	Street No. Olda (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Charles C. Maire	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
hall this hauses	2D. DATE DF DEATH JAN. 18, 1945, at 130P. M
6.(b) Name of husband or wife and C. Klaine	21. I CERTIFY that death oppurred on the date above stated; that Lattended deceased from
2/	1844 to least 15 1973
7. Birth date of deceased (mo., day, yr.) Auch 7), 1877,	and that I last saw harmalive on 19.45
8. AGE: Years Months Days If less than one day	Immediate caose of death
77 9 78hrsmin.	
9. Birtholac Hitesville, Sussex, alel.	Due to.
(Town, sounty, and state)	BUC 10.
1D. Usual occupation	Due to
11. Industry or business	
12. Name Clones (Church) (Church) 13. Birthplace Sussey (O., Sell).	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name System Wellist 15. Birthplace Susses Co., Sel.	Major findings of operations. Stephen hell hell with
\$ 15. Birthplace Sussey (g., Alel.	Date of op Roc 23/2
16. Informant Casses, I Make	Antopsy results.
Address Shlishuy, M.S.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Buull Date thereof 1/70/45	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removed Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location	Injured at home, tarm, industry, public place (where?)
18. Funeral director I de Will K Atendro 6.	Means of Injury Injured at work?
Address Saliahnus, Md.	S/M Hes
1/20 WE Lage DA Och	23. SIGNATURE M. D. or other
(Date pe'd by registrat)	Address Date signed - 20-/91

PRIMARY SO TRUSTIAND STATE OF ALVAND



A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



00960

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog newborn infants give residence of mother)
County Julanula	/ h = 1
(If outside city or town/limits, write RURAL and give nearest town)	State County Mulamatia
How long in above place of death?	(If outside city or town limits, write RUBAL end give newsest town)
Hospital, Institution, or street address where death occurred:	
non	Straet No. 3.12 (If rural, give LOCATION)
77.	
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Walk same Halbrack	na
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
La De De Mindan	Dang 45
Junale and wante	20. DATE OF DEATH
(6.(b) Name of husband or wife Anna Afallmout	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
blevel 6.(c) It elive, give age a vears	19 to
7. Birth date of	and that I last saw hele alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days tt less than one day	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Tabula Har flower when
2 Galacethrsmin.	
8. Birthplace Laurel Dul	Due to
(Town, county, and state)	900 (C
10. Usual occupation lina Hausellefl	***************************************
11. Industry or business Scene On a Provide	Due to
× 91'.	
E 12. Name Light former	Other conditions
式 13. Birthplace // ね 儿	(Include pregnancy within 3 months of death)
14. Maiden name Our branch	
	Major findings of operations
\$ 15. Birthplace Our Ban augus	Date of op.
16. Informant	Autopsy results.
Address Salinlung Mrd	PHYSICIAN: Please underline the cause to which death should be charged statistically,
1 Vene	22. VIOLENCE: If death was due to external causes, till to the following;
(Burial, eremation, or removel. Which?) Date thereof	Accident, suicide, or homicide
	Whera did injury occur?
Cemetery or crematory	Whera did injury occur?
Location July Salara Alfra	Injured at home, farm, Industry, public place (where?)
18. Funeral of vector Assalo Molecular	Means of Injury Injured at work?
	4/-27
Address Saleshury Myd	23. SIGNATURE Home & Mour
1/1H 115/2000 DE Cal	23. STGHATURE M. D. or other
(Date road by registrar)	Address Date signed 11/45

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CERTIFICATION OF BEATH

CONTRACTOR OF STREET

Haryanting Inc. of

place from 19-1

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

30-01

CERTIFICATE OF DEATH

00961

Reg.	Diat.	No. 333

1. PLACE OF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
300000000000000000000000000000000000000	State Don't State County State County
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	Oity or town
Mospital, Institution, or street address where death occurred:	Street No.
Lemmanth Symmet Horpiles	(If rural, give LOCATION)
now long to noshirst of institutions	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
heale Sunson	Went langue
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m Dont know	20. DATE OF DEATH CANADANA 15 19 45 of 705 M
B.(b) Name of husband or wife. Done Anace	21. I CERTIFY that death occurred on the date above maled; that Lattended deceased from
	January 5 1945, 10 January 15 1948
7. Birth date of	and that I last saw h Acceptive on 19.45
deceased (mo., day, yr.) alcant 1886	Immediate cause of death
8. AGE: Years Months Days If less than one day	Values seasoly
about 58min.	
9. Birthplace / C	Due to Dyfelulis 2
9. Birthplace (Town, county, and stete)	
18. Usual occupation	Que to
11. Industry or business Same as aleans	046 (0
H 12. Name Ce b	Other conditions
13. Birtholace Cara Band	Utility Conditions
	(Include pregnancy within 3 mooths of death)
14. Maiden name Charles As	Major findings of operations.
\$\ 15. Birthplace \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
16. Interman Johnson de mande de La Land de la	Autopsy results
Address Sales hur and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(13)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which!) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Tueslell	Where did injury occur? (City or town) (County) (State)
Location Salesherry and	Injured at home, farm, industry, public place (where?)
4000	Means of Injury Injured at work?
18. Funeral director from the state of Shall as	minica et anut
Address / Salealury md	22 MENTINE Class of Specilier rand
1/18 111- 62 20 7200	23. MGMATURE. M. D. or other
(Date rec'd by registrar)	Address Delisbury 2004 Date signed 17,45,
The state of the s	and a Constitution of the second

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SEASO SERVICE STATE

FEB 7 1945 BUREAU V

Dr. Emick

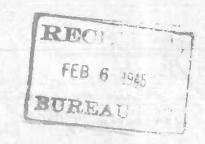
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 310

00962

CERTIFICATE OF DEATH

PLACE OF DEATH Meomi &	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nawborn infages give residence of moth)	
ity or town of Tarken	State Ma County heome	5
City or town	City or town(If outside all or town limits, write RURAL and give neare	***************************************
lospital, institution, or street address where death occurred:	Street No. R D. + I	est town)
	(If rural, give LOCATION)	
low long in hospital or institution?	2.(a) It veteran, name war	
Bloge Jane	3. (b) Social Security N	umber
Male S. Orlor or free S. (a) Single, married wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 5/5	3 152
i, (b) Name of husband or with Itallie Farmone Ja	CERTIFY that dealy occurred on the date above stated: that I attended decease	
Birth date of Man 1- 1365	years and that I last saw h Acht alive on Jan 2014	19. 44.
deceased (mo., day, yr.) 3. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
85 2 27	min. Clevric nesalities	0 00+000+0+00000000000
Birthplace. I yasken md.	Due to.	******************
(Town, county, and state)		***************************************
O. Usual occupation	Oue to	******************
1. Industry or humbers	Other conditions arterio sele win	****************
12. Name Many and Jarrett 13. Birthpiace Birth	Office containing management of the containin	o=40 c0 c0 00= coc c0 ** co0
14. Malden game Mullin	(Include pregnancy within 3 months of death)	
14. Malden name 7900000	Major findings of operations.	•••••••
6. Intermettes. William Dais	Aelopsy resolts.	
Address I sake med	PHYSICIAN: Please coderline the cause to which death should be charged str	atistically.
7. (Burlal, cremation, or removal, Which?) (month), (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:	
0 10/1 2 6/1 +	Accident, suicide, or homicide	
	(City or town) (County)	State)
B. W. and	VI	
Location Distributes Mid-	Injured at home, farm, industry, public place (where?)	
Location DANA COMPANY OF THE STREET OF THE S	Injured at home, farm, industry, public place (where?)	
Location Distributes Mid-	Injured at home, farm, industry, public place (where?)	Le



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

CERTIFICATE OF DEATH

	Keg. Disc. 140	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County LLAGRALGA	(For newborn infants give residence of mother)	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mangalla County Marsonia	
	City or town Salistany	4402444444444
How long in above place of death?	City or town (1f outside city or town limits write RURAL and give nearest	town) .
	Street No. Salesbury Solva	***************************************
The Manual Mangaret Langueta	(If rucal, give LOCATION)	
How long in hospital or institution? I have so prophetical	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Nur	mber
dellien Gones.		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Fr. 1. White man 1:	0	, 12
emale Married	20. DATE OF DEATH AMELIAND 20 1945 at	
6.(b) Name of husband or wife. Marrow E. Jones	21. I CERTIFY that death occurred on the date above stated: That Lattended deceased	om
	19 No. 10 Suffice	19
7. Birth date of	M. Old of the last	19
deceased (mo., day, yr.) June 6-1900	Immediate cause of death	OURATION
8. AGE: Years Months Days If less than one day	Real of metro is I shall	. /
44 7 14hrsmin.	THE RELL	100
0.1	- January 1300	
9. Birthplace	Due to	
(Town, connty, and state)		1
1D. Usual occupation.	Due to	•
11. Industry or business Days. More	DUC 10.	
12. Name /9. Benton Cannon	Other conditions	
12. Name	Other Committees	
w 0 \/·	(Include pregnancy within 3 months of death)	
14. Maiden name /No / www.		**
14. Maiden name Welvnie G. Md.	Major findings of operations.	
The There's 60	Oate of op.	
16. Informani	Autopsy results	
Mother Blod Salutry Ma	PHYSICIAN: Please underline the cause to which death should be charged stati	istically.
Busial 1 2-194	22. VIOLENCE: It death was due to external causes, fill in the tollowing;	alur
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide. Coccident Date of	1/45
Wilmile Miles. Parts	We will a so Del I we comed	"Ind
Cemetery or compatery	(City or town) (County) (St	tato)
Location Salustry Mary Care	Injured at home, farm, industry, public place (where?)	j
Hollmant (Notte R. Hollman -	Means of Injury Struck by car . Injured at work?	24
18. Feneral director.	as pederthan	
Address Salisten Maryland.	farlademohy Hor	-
1/20/115-10	A3. SIGNATURE M. D. or of	ther
19. (Date red by registrar) 19 of 6 Thangarel By The	pusas malalan 21 1	1 1 1 1

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FEB 7 1945

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Washington (Control

PLAINLY, WITH UNFADING INK. Supply every item of information earefully. The c s especially important. Physicians: please write the causes of death clearly and testby

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13101

00964

CERTIFICATE OF DEATH

leg, Dist. No. 337

1. PLACE OF DEATH: Na Come Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother)
County	State Ma County Va Com B
City or town. (If outside city or fown limes, write RURAL and give nearest town)	Salutan
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
III Chury st.	Street No. (University of the LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME A	3. (b) Social Security Number
William Woolford	Killiam
4. Sex 5. Color or race 6.(a) Single, married, widowed for divorced	MEDICAL CERTIFICATION
Male White single	20. DATE DE DEATH Jan 232 1945 al Q. M
S.(b) Name of husband or wife	21. I CERTIFY that well noccurred on the date above stated; that attended deceased from
	19/2 10 / 2 2 3 18/2
7. Strin date of deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and that I last saw here alive on 19.7.1.
8. AGE: Years Months Days If less than one day	Immediate cause of death Down Day autich
62 / 2hrsmin.	Charles Says
9. Birthplace Salistury Mayland	Due to Japanes Jalulas
(Town, founty, and state)	(1992
1D. Usual occupation.	Due to
11. Industry or business	Myseardelini
12. Name may C. Y. Killian 13. Birthplace P.D. of Hebron mayland	Diher conditions
14. Maiden game Elizabeth marghest mor	(Include pregnancy within 3 months of death)
14. Maiden vamelling abet mangent more 15. Birthplace Wilcomi & G. manglan	Najor findings of operations.
Miss. Willia Villiand	Date of op.
16. Informant	Autopsy results
Address // Cherry H. salury // 4	22_VIOLENCE: If death was due to external causes, fitt to the following:
(Burial, eremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or cremetory.	Where did injury occur?
Location Salishing Maryland	Injured at home, farm, industry, public place (where?)
18, Fullery director 46/ Wallet R. Hollows	Means of Injury Injured at work?
Address taletten Maryland	1/ p man
1/0,1-7,15,6 740	23) SIGNATURE M. D. or other
19. 10 0 19 H. 6. Theresel 61 A	midagelele ond

POTAL DESCRIPTION OF THE PROPERTY OF THE PROPE

TEST THE CONTRACT OF THE SECTION OF

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01019 Reg. Dist. No. 332

City or town	PLACE OF DEATH: Viernico	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
How long in above place of death? Hospital, Institution, or street address where death occurred: Street No (if outside city or town limits, write RURAL and give nearest town) Street No (if rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number 4. Sex 5. Color or race 6.(a) Single, married, widowed, pr divorced MEDICAL CERTIFICATION Whate MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. 45° R	Pattonille. 1/10	State County Acoused
Hospital, Institution, or street address where death occurred: Street No	long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
How long In hospital or Institution? 3. (a) FULL NAME Cutture Calvin Know 4. Sex 5. Color or race , 6.(a) Single, married, widowed, pr divorced Whate Married 20. Date of Death January 20 19.45, at 12.45 F	Ital, Institution, or street address where death occurred:	
3. (a) FULL NAME Cuthur Calvin Knv 4. Sex 5. Color or race, 6. (a) Single, married, widowed, pr divorced Wale White Married 20. DATE OF DEATH. January 2.0. 18.4.5., 21 12-45. R		
4. Sex 5. Color or race, 6.(a) Single, married, widowed, pr divorced MEDICAL CERTIFICATION Wale Married Married 20. Date of Death January 20 19.45, 21.12-45 F		<u> </u>
Wale white Married 20, DATE OF DEATH January 20 19.45° 21 12-45° F	Cuthur Calsin Kno	J. (6) Social Security Hamber
211-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	5. Color or race , 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
211-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	hale Mule Marney	20. DATE OF DEATH LANGUARY 20 19.4.5- at 12-45 P.
6.(b) Name of husband or wife	Name of husband or wife Mary Elizabeth Kny	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) It alive, give age years 19 to -24 -45 19		1-4-4.5
deceased (mo., day, vr.) Set 7 14 18 8 3 and that I last saw h 2000 alive on 19	th date of	
8. AGE: Years Months Days It less than ooe day Immediate cause of death	GE: Years Months Days It less than one day	Immediate cause of death
61 4 6	61 9 6hrsmin.	M1
9. Birthplace (Town, econty, and state)	irthplace Lebertonn Md	Due to astute
10. Usual occupation. Forman	7	
11. Industry or business section & R	a.T. VI	Due to
12. Name. Elyah Rund Biher conditions Birthplace 2Mod	12. Name Elyah Kurd	Other conditions
		7A1.4
14. Malden name. Wary & Kurk (Include pregnancy within 3 months of death) 15. Birthplace Major findings of operations. Date of op.	4. Maiden name Wary & Kurx	
E 15. Birthplace Mad Bate of op.	15. Birthplace Md	
16. Interment Charlett Bendell Actors results	Hormant Charlett Bendell	Aotopsy results
Address Pittaville Wd PHYSICIAN: Please underline the cause to which death should be charged statistically.	ddress Puttarille Md	
17. Bureal Date thereof 23 /94 22. VIOLENCE: If death was due to external causes, till in the following: (Royal cremotion of removal Which?) (Royal cremotion of removal Which?) Date thereof 23 /94 3 /94 4 /9		
to the state of th	Parker Cart	
20 1 P T - 100 (City or town) (County) (State)	20 1 P. T: 00.	
Means of Injury Injured at work?	ne Hand Teelle	Injured at home, tarm, Industry, public place (where?)
18. Funeral director	D'4 '10 741	7, 500 60
Address IMBNILLE MAD 23. SIGNATURE Shank Ferris MA	dress imprile rud	23. SIGNATURE Shank A tems mg
19. 3-19 (Date rec'd by registrar) 19. 45 Sulfian D. Registrar Address Wellands M. D. or other	Date rec'd by registrar) Registrar	In alland mad



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

or. Dist. No. 333

City or town	foutside city or town in the ce of death? A door street address where the continuity or institution?	مرية	give nearest town)	Sireet No	or town limits, write RURAL an	d give nearest town)
3. (a) FULL NA		mrs. Thel,	na.	SEE A SEE SEE	3. (b) Social s	Security Number
4. Sex	5. Color or race	6.(a)Single, married, n			OICAL CERTIFICATI	
6.(b) Name of husbar 7. Birth date of deceased (mo., da	0.4		ive age years	and that I last saw h	on the date above stated; that I atte	19.45
	Months		ihan one dayhrsmin.	Immediate cause of death	y Classed	DURATION (Asy
9. Birthplace 10. Usual occupation 11. Industry or busin	House	, //		Due to.	Lal Office	there day
12. Name		know	L	(Include pregnate Major findings of operations.	ney within 3 months of death)	Obstruction
16. Informant	aul Kis	ngs bur	45	Antopey results	se cause to which death should be	charged statistically.
1 Buc (Burisl, eremati	rial on, or removal. Which?	Date thereol.	9th 1945 nonth) (day) (year) Cem.	Accident, suicide, or homicide	to external causes, fill in the follow Bate Sty or town) (Connty,	ot
18. Funerat director	Dale	Washer anne	and.	Injured at home, farm, Industry, pu Means of Injury	ublic place (where?)	
19. (Dato reckl by	ruces	Harrief	E Oshu-	23. SIGNATURE Colored	ery- 2md Ba	M. D. or other

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VS A15

Evidence for change of

MARYLAND STATE DEPARTMENT OF HEALTH

year of birth of deceased is shown 2411 N. Charles St., Baltimore 7340 CERTIFICATE OF DEATH

FILM NO. G J 4 WIAT III 1010	Reg. Dist. No
1. PLACE OF DEATHS 2/.	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Nicomico	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Miconics
How long in above place of death? 40 411.	City or town
How long in above place of death?	
mospital, marriantin, or another season made season and	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war.
3. (a) FULL NAME John James Laye	3. (b) Social Security Number
4. Sex 5 Color or race (a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
male (Whele Widowed -	20. DATE OF DEATH
6.(b) Name of husband or wife The Male Seylor	21. CERTIFY that death occurred on the date above stated; that I attended deceased trom
	Ale 1, 19 4 4 19 10 Ale 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Birth date of	and that I last saw h AMMalive on 1-14-45
deceased (mo., day, yr.) Jan 16, -1-5-64- 1868	Immediate cause of death
8. AGE: Years Months Days If less than one day	Bessels- mensulus / mak
/6 /hrs,	
moustond.	Que to tallined an auto accident
9. Birthplace	In dec 1944 I Injury are not se
10. Usual occupation. January	Due of congh to have anything to do with the final course
11. Industry or business	of death. Douth was due to chronic myoconditis, severe
= 12. Name Milburn Ja Laylon	the Mark and south all the
n.	Dither conditions Semilify Comments
El 13. Birthplace	(Include pregnancy within 3 months of death)
# 14. Maiden name	Major findings of operations.
14. Maiden name	Date of op.
advand to tout	Autopsy results.
Mino IN mill	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / Allarasi, //	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17 Buncal Date thereot - 16-45	Accident, suicide, or homicide
(Bnrial, cremation, or removed. Which?) (Bate thereof. (month), (day) (year)	
Cemetery or crematory Can de	Where did injury occur?
Location Willords nd.	Injured at home, tarm, industry, public place (where?)
18. Funeral director. M. Pasha Watson	Means of Injury Injured at work?
Address Sellewelle, Ilel.	My 1 82 0 19ma
Cas PA	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) 19.45 illique Regist	ene, Millaid Mill
(Date rec'd by registrar) Regist	trar Address Date eigned Date eigned



2411 N. Charles St., Baltimore 1860

CERTIFICATE OF DEATH

	Reg. Dist. No	
1. PLACE OF DEATH: ·	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Statistics	(For newborn infants give residence of mother)	1
City or town	State County County	M. L.
How long in above place of death?	City or town	mark forms
Hospital, institution, or street address where death occurred:	True The true The true to the said give near	esc town)
Thursday Alagan Dagana	Street No. Touth Literal (If rural, give LOCATION)	/
How long in hospital or institution? 10 Hours. Tomin.	2.(a) It veteran, name war	······································
3. (a) FULL NAME	3. (b) Social Security N	Vamber
George anna Littlett	one -	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	C20 1481/100
Genele White Widowed	20. BATE OF DEATH JANUARY 9 1945	at 8 26
6.(b) Name of husband or wife Gordy Littletone	at Lapacies is a self-	
	21 JUNE 1 That could generate on the day above stated; that I arrested access	red Hamen
7. Birth date of		19
deceased (mo., day, you see the see ased (mo., day, you see the see ased (mo., day, you see ased (mo.,	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	surry by a fall;	11 Lame
87 10 21min.	pactured hip	5
9. Birthof Sellewood accorner Da	Bue to	***********************
(Town, county, and state)	200 17.	8-8
10. Usual occupation	Due to	100000000000000000000000000000000000000
11. Industry or business	DUE (Q	• • • • • • • • • • • • • • • • • • • •
12. Name William Froton	.411	11
13. Birthplace Vinginia	Other conditions	Johns
8 8 00: 1 ×1	(Include pregnancy within a months of death)	7)
E 14. Maiden name	Major findings of operations	
15. Birthplace Dirginia	Date of op	
16, Interment Mrs Statte Goung	Autopsy results	
Address PF 10 Promohe and	PHYSICIAN: Please underline the cause to which death should be charged a	tatistically.
Audress VV, Au Comment of the Country of the Countr	22. VIOLENCE: It death was due to external causes, fill in the tollowing;	1 1/1
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide Comments Bate of	3/45
Cemetery or crematory Bettany In Sy. Cometing	Where did Injury occur? Comme En oresolate	12
Demotery of crematory		(State)
Location	Injured at home, tame industry, public place (where?)	
18. Funeral director Mangarella Will alam	Means of Injury Injured of work?	yes
Address Pechnife Time.	1/5/	
Aceb : 6, 1986 - 8hers & 12 Consul	32 SIDVATURE) 4- SINOZULO	
19 Jan 11 19245 Thries Abile	M. D. or	1.011
(Dute rec'd by registrar)	Address Date signed	1

PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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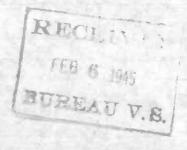
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00968

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in above place of death? Street No.
(If rural, give LOCATION)
How long in hospital or institution? 2.(a) If releran, name war.
3. (a) FULL NAME 3. (b) Social Security Number
4. Sex 55-Color or race 6. (a) Single, matried, widowed, or stroked MEDICAL CERTIFICATION
male tol, marging 20. DATE OF DEATH. 2 gra / 19 45 of 1/P.
6.(6) Name of husband or wife
7. Birth date of 1 and that I last saw k and alive on the same alive of the same ali
deceased (mo., day, yr.) 8. AGE: Years Months Days 11 less than one day Immediate cause of deeth
59 6 1 1 26
9. Birthplace Due to Due to
10. Usual occupation June Due to Dead a legisles 24x
11. Industry or business
12. Name Definitions Definitions Definitions Definitions
(Include pregnancy within 3 months of death)
14. Major findings of operations.
2 15. Birthplace Date of op.
16. Informant Antopsy results. PHYSICIAN: Please underline the cause to which death about ho charged statistically.
Address 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bale thereof. (month) (day) (year) Accident, suicide, or homicide. Date of
Cemetery or crematory (City or town) (County) (State)
Location Location for the Lent Injured at home, farm, Industry, public place (where?)
18. Funeral director. Character Control of the Cont
Address Biralia Md 23 SIGNATURE O alle dulles.
19. August 7 19 45 T. Wool ford Walke Registrar Address Runlinghe and Bate signed - 2 - 4



PLEASE WRITE PLAINLY is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00969

Reg. Diat. No. 3.3.3...

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Street No. 3/4 Edward State St
The state of the s	(If rorat, giva LOCATION)
How long to hospital or Institution? Browned American	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Olatting million	014-10-41191
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	12/1/-10-140
I wit m	MEDICAL CERTIFICATION
Tense While Maries	20. DATE OF DEATH AND AND AND AND ME DE ME
8.(3) Name of husband or wife S. Keller B. Millinger	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	1 Case 4 18 45 10 Jan 4 1948
7. Birth date of years	and that I last saw halive on
deceased (mo., day, yr.) August 3. 1988	
8. AGE: Years Months Days If teys than one day	Immediate cause of death OURATION
36nin.	1351
to spling so	
9. Birthptace (Town, county, and state)	Oue to.
10. Usual occopation application of machine for	and the second of the second o
11. Industry or business hanhatterb Shigh bo	Oue fo
12. Name Charles Vai	Other conditions
14. Maiden name Pour & Berned	(Include pregnancy within 8 months of death)
المنافعة والمنافعة والمناف	Major findings of operations
15. Birthotace to opking	Oate of op
18. Informant Shelley B. Polliner	Autopsy results
Address & Olifonger Good	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?)	Accident, sutcide, or homicide
Cemetery or crematory. Silventy Comments	Where did injury occur?
Location Parksley Van	Injured at home, farm, Industry, public place (where?)
0.0 6.0 7 9	Means of injury / / / / Injured at work?
18. Funeral director	a Middle m
Address farksley, Va.	23. SIGNATURE / A dery Of- N.
10 1/7 10 Hb - Angara DE Oct	23. STURALUNE M. D. or other
19. (Dato rec'dby registrar)	Address Sulland Hy Oate signed / 4

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CERTIFICATE OF BEATH

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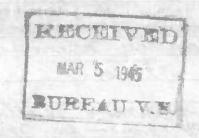
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)

CERTIFICATE OF DEATH

0(1970) Reg. Dist. No. 33/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wicomico	(For newborn in ants give residence of mother)
City or town	State May County Willowice
How long in above place of death?	City or town Spring Hill
Hospilal, Institution or street address where death spored:	(if our side city or took limits, write RURAL and give nearest town)
Mebren R. D. 2	Street No
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	
	Mills 3. (b) Social Security Number
4. Sex 5. Color or ran 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale White Widowed	20. DATE DE DEATH 18 45 at 6 P. M.
5.(b) Name of husband or wife WM Lew Mills	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	Jay: 274 1040 10 Jay, 314 10 45
7. Birth date of Off 13 (October 12)	and that I last the har allve on July Mal 31 4 18 45
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Corelrol Heynellac
62 3 19min.	
8. Birthplace (Francisco Wiconecco, We	Due to
10. Usual occupation at Home	
	Due to
11. Industry or business	
12. Name Bygamin Waller 13. Birthplace Wicernier cer med	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Natilda Venobles	
15. Sirthplace Wicemica co mol	Major fiedings of operations
man Dishard Bar Jana	Date of op.
16. loformant	Autopsy results
Address Salisbury mal	PHYSICIAN: Please underline the caose to which death shoold be charged statistically.
17 Burial Date thereof 2/3/46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Locotion Albury mich	Injured at home, farm, industry, public place (where?)
18. Funeral director The Hill & Dahman w	Means of Injury Injured at work?
2.0.000	di na C
Address Salishus my	23. SIGNATURE William & Mu ricle
19. Let 3 (Date rec'd by registrar) 18.442 Thus male Registrar	Address Helin mu. Bate closed Heli.3-47
(Date rec'd by registrar) Registrar	Address GT WW- NV. Date signed Till 343



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly AARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

00971 2411 N. Charles St., Baltimore 93-4

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: 201:00	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother) State
City or town (If outside city or town limits, whe RURAL and give nearest town)	Salizahana
How long In above place of dealh? 3/	City or town
Hospital, Institution, or street address where death occurred:	Street to 906 north Livising Sa
J. J. Maguelle	(If rural, give LOCATION)
How long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME Seilse B. Mitches	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tomale white manied	20. DATE DE DEATH Som 26 1945 at 4 1%
6.(b) Name of husband or wife Watsers D. Mitchell	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
73	1943 19 to Jan 26 1945
T. Birth dale of	and that I last saw her allye on Sun 76 19 45
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Bays If less than one day	Chours money it ou
10 4 10hrsmin.	Joennais - Je
9. Birliplace Rimative (Thin, county, and state)	Due to.
1B. Usual occupation. at Home	
11. Industry or business	Bue lo.
# 12. Name Leage D. Maley	Dither conditions
3. 8 Irthplace Wisomster Co. Im	
14. Malden nama Survivar Plane Wisher W. Tank	(Include pregnancy within 3 months of death)
9 15. Birtholace William Commission w	Major findings of operations.
10 m. Tab. 10	Dale of op.
16. Informani	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Jakobury Ma	
17 Durial protect / 29/41-	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remova) Which?) (month) (duc) (year)	Accident, suicide, or homicide
Cemelery or crematory grant Canally	Where did injury occur?
Location Odlishung Die	Injured al home, farm, industry, public place (where?)
18. Funeral director. The Hill & Mehrance	Means of Injury Injured at work?
Address Salisbuly md	Josephannes M. Q.
1/29 1/5 pp 1 9 00	M. D. or other
13. Make work by warriet of	the beating med . 1/20/11

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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	Rog. Diat. No. 3. 3.
1. PLACE OF DEATH Va Comil	2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infant give residence of mother)
County	Md - / Valence F.
(If outside city or town limits, write RURAL and give nearest town)	State Count
How long in above place of death? 40 years	City or town
Hospital, Ingibility, or street address where death occurred	10.42
1.7- Hrys,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Samuel Jerome	More S. (6) Bottal Security Hamber
4. Sex 6. (a) Single matried, widowed, or diverced	MEDICAL CERTIFICATION
18 like 11 hite manus	20 DATE DE DEATH Jan . 272 15/5-920 D
Mars Emmas Mars	au, bate of bearing 19
B.(b) Name of husband or wife	CERTIFY that death occurred on the date above stated: that attended deceased from
7. Birth date of 29 years	18 5 10 XL 2 1 18 5
deceased (mo., day, yr. spend 13-1880	and that I last saw have allive on 19.84
8. AGE: Years Months Days If less than one day	Immediate cause of death
64 9 14	2.
hrsmin.	Cartere Montrus 146
9. Birthplace	Bue to
(Town county, and state)	Histor Georgen Fort. 6 Mos
10. Usual occupation.	Bue to.
11. Industry or business	Dentit Molletus 740
12 Name Colivary James More	Other conditions
12. Name Colivary James Marie 13. Birthplace Musike Ma	Diner congitions
	(Include pregnancy within 3 months of death)
14. Maiden name Pulsalaia Benno 15. Birthgiace Pulsaille Md	Major findings of operations.
E 15. Birthglace Pullentle Ma	Date of op.
16. informather Clara E. Morre	
Pn 43 1.1.1 m.1	Autopsy results
Address N. H. S. Maluffly 1114	22. VtOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation removal, Which)	Accident, sulcide, or homicide
Massandas (Bluss N	
Cametery or crestatory	Where did injury occur?
Location account and a location and	Injured at home, farm, Industry, public place (where?)
" Hellowort G. (Welle & Helle	Means of Injury Injured at work?
18. Pulieral director	VIA N
Address Called My Med.	10 Lacon mo
1/21 WI Harit An O.	M. D. or other
(Date pec'd by registrar)	Address Thereford Date signed 1/28/93

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1315

CERTIFICAT	TE OF DEATH Reg. Dist. No. 3-33
County — (If outside city or town limits write RURAL NEAR and give town) Street address, hospital, or Institution: Stay in hospital or Inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) — (2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or fown (If outside city or town limits, write RURAL NEAR and give town) Street No. (If rural give LOCATION) 2(a) IF YETERAN, NAME WAR
3. (a) FULL NAME Glange Harfington	Aicholo 3. (b) Social Security Number
5. Color or rate 6. (a) Single, married, widowed of diverced 6. (b) Name of husband or wife Color of the Co	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the sale above stated: that I attended deceased from 1935, to State 1945, and that I last saw here allive on Jane 1945. Immediate cause of delth DURATION Due to Chance Myseculation Due to Chance Myseculation Due to Chance Myseculation
13. Birthplace County Ind. 14. Maiden named Manda Heady 15. Birthplace County Ind. 16. Informant A Richards	(Include pregnancy within 8 months of death) Major findings: Df operations Please underline the cause to which death should be charged statistically.
Address 17. Date thereof (month) (day) (year) Cemetery or crematory (Location Visited Visite	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide———————————————————————————————————
18. Funeral director III. S. Marrel Co Address Solomon, Sololaron	Means of Injury Injured at work? 23. SIGNATURE 1. Contaction 1.
(Date rec'd by Agistar) 1946 To all the Registrar	Address Delma Del Date signed 1/16/45



greet age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constructing especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1220)

CERTIFICATE OF DEATH

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	ILL.	17	d			

	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Sulland	State And County Mitters Lee
(If outside city or town limits, write RUITAL and give nearest town)	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jennie Parker	na
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale a.a. Mislam	20. DATE DF DEATH. 1-2 19.500 at 15-12 M
(6,6) Name of husband or wife Earne I Parker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(1)	12-29 1844 101-2 1845
7. Birth date of	and that I last saw to alive on
deceased (mo., day, yr.) about 1862	Immediate cance of death
8. AGE: Years Months Days If less than one day	2
8 Charthrsmin.	autorities days
9. Birthplace Parcellasle mad	Den.
(Town, connty, and state)	Vangulefa of)
10. Usual occupation Additional Elefal	Due to Defração Mercus das
11. Industry or business & the aleane	
12. Name Dany Carbon 13. Birthplace Paullla Ill.	Diher conditions
13. Birthplace Paullagle	(Include pregnancy within 3 months of death)
14. Maiden name Corriel Shelfsheed	
5 15. Birthplace Jamellyille mid	Major fiadings of operations.
1B. Informant Haldel Co Lardy	Antopsy results
Address Tarransley Ind	
17. Agrical Date thereof Jan 10-1943	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or ccematory. A Language Type	Where did injury occur?
Location Tanasanders Port	Injured at home, farm, Industry, public place (where?)
18. Funeral director amenda Sterrent	Means of Injury Injured at work?
1800	(VX 0, 7 R 2, n
Address / Salislany Ind	23. SIGNATURE LEGISLEY TO DEORGY LEW
18 Jan 10 19 45 Killian h Dan	a lestury had M. D. or other
(Vate rec'd by registrar) Registrar	Address Date signed

FEB 6 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00975

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH: Nilomil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new born infants give residence of mother)
City or town Salustrum	State May County Victories
(If outside city or town limits, write RURAL and give nearest town)	101 trees
How long in above place of death?	City or town
Pen. Sen. Hoyet.	(If rural, give LOCATION)
How long in hospital or institution? 4/ Day 5/hre,	2.(a) If veteran, name war.
3. (a) FULL NAME	
Horace Ihoman Per	3. (b) Social Security Number
4. Sex 5aColor oprace 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Maried Married	20. DATE OF DEATH Jan. 22 ml 1945 at 10.45 m
Besein E. Pennewell	21. L CERTIFY that death occurred on the date above stated: that I altended deceased from
6,(6) Name of husband or wife.	June 18 19/10 10 22 19 45
7. Birth date of 200 years	and that I last saw hand alive on Dan 2 1 19 KJ
deceased (mo., day, yr.) /// 27 /888	Immediate cause of death
8. AGE: Years Months Days If less than one day	Corrany Turnslysis 5 de
36 8 hrsmin.	
9. Birthplace	Due to
1D. Usuat occupation.	Buodo
11. Industry or business, Jumper Mill	Due to
# 12. Name Ihman Pennewee	Other conditions
12. Name. It was Consulted to Many 12. Name. It was the same of th	
	(Include pregnancy within 3 months of death)
8 head & 10 mm	Major findings of operations
E 15. Birthplace / Maria Co. Maria	Date of op.
16. loforman 1949 - Secular Scaller	Autopay results.
Address 105 Unginia ase, Salutury 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buil Date thereof Jan . 25-1/99	22 VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Bate thereof (ronth) (day) (year)	Accident, suicide, or homicide
Cemetery of crematory	Where did injury occur?
Location Marker Co. mary and	Injured at home, farm, industry, public place (where?)
18 Fineral disertor of 6. Walter P. Hollow	News of Injury Injured at work?
Addressaliten many and,	Dega. Jan D
AUDICAS LA ALA	3. SIGNATURE NOVAMINA MIN
19 / 226 1 19 d 6 Hassel 2 1	money from M. D. or other
(Date rec'd by registrar)	Address Date signed 123/43

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 7 1945
PUREAU V.S.

The state of

Dr. Bran

(If outside city q

Hospital, institution, or street address where death occurred

1. PLACE OF DEATH:

How long in above place of death?.

How tong in hospitat or institution? 3. (a) FULL NAME

Years

(Burial, cremation, o moval, Which?)

7. Birth date of deceased (mo., day, yr.)

9. Birthplace...

10. Usual occupation. 11. Industry or buelgess 12. Name

8. AGE:

MARYLAND STATE DEPARTMENT OF HEALTH

town limits, write RURAL and give nearest town)

.....6.(c) 1 rive, give age.

If less than one day

onth) (day) (year)

Registrar Address.

2411 N. Char

CERTIFICA

00976

E OF DEATH	3	28
	Reg. Dist. No.	
2. USUAL RESIDENCE (HOM) (For may born infant, give residen	E) OF DECLASED:	:0
State	County Com	~~
City or town the Carte	limits, write RUKAL and give neares	
Sireet Ho. 302 and	el strut	
(If rural 2.(a) If veteran, name war	l, give LOCATION)	
z.(a) it reterant nume au	3. (b) Social Security Nu	mber
unette	5.(0) 55544 56544	
O MEDICA	L CERTIFICATION	
20. DATE OF DEATH . 3	19 4 45	710
	late above stated, that fathered decays	d from
CERTIFY that death occurred on the	ate above stated: that lattended deceases	9 1940
and that Vast saw h. alive on	19.7° 10.	19.7.4
//		
Immediate cause of death	10	DURATION
Cardiae e		

Due to		
***************************************		***************************************
Due to		** ** * * * * * * * * * * * * * * * * *

Other conditions		
(Include pregnancy wi	thin 8 months of death)	
Major findings of operations	***************************************	0 - 0 + 0 - 0 - 0 - 0 - 0 - 0 - 0 -
	Date of op	
Autopsy results	***************************************	*************
PHYSICIAN: Please underline the cause	e to which death should be charged sta	tistically.
22. VIOLENCE: If death was due to exte	rnal causes, fill in the following:	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or		State)
Injured et home, farm-industry, public pl	lace (where?)	
-Means of Injury	Injured at work?	
(h ne		
23. SIGNATURE mollyan	/ULA M. D. or	other
questo,	M. D. 61	1- 1

WITH NFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly PLAINLY, Wis especially i PLEASE WRITE

FEB 7 1945
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

Reg. Dist. No. 3.3.

	The same of the sa
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
11 0112011003	(For newborn infants give residence of mother)
County	I I I I I I I I I I I I I I I I I I I
City or of alufluy	State County
(If outside city or town limits, write RURAL and give nearest town)	Alebertus .
1 1 4 9 1 1 1 1 1 1	(If outside city or town limits write RURAL and give no test town)
How long in above place of death?	37000
Hospital Institution or street address where leath occurred:	Street No.
308 Naylow M.	(If rural eve LOCATION)
	(iii and give soon to ii)
How long in hospital or institution	2.(a) If veteran, name war
3. (a) FULL NAME O	3. (b) Social Security Number
10 1	11
unell time	Cupis
4. Ser. Color Mace Q.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4. Set	MEDICAL CERTIFICATION
Male Whete Vidner.	45 7 9
There was a second	20, DATE OF DEATH 19 21
Tr ' man // //	the date that a finished their 1 @ middle decorated from
I will the factor	CHAIR That death occurred on the date above stated; that I Thended deceased from
6.(b) Name of husband or with	19.7 10 10 119 10
7. Sirth date of 4 4 12/0	and that I last saw became alive on
deceased (mo., day, yr.) rules 7 - 1860	- HOLVION
Beceased (mu., ua), 71.7	Immediate cause of death
8. AGE: Years Months Days If less than one day	1) - 0()
94 // 1/6 7	Danelier minimone
87 / 6 hrsmin.	
DO Desert The Min.	
9. Birthplace	Due to.
Town county, and state)	Cangleline Heart Harland
Relief	
10. Usual occupation.	Oue fo
Farmer 1.	
11. Industry or business	
Slorge William Milly	Other conditions
12. Name Florge William Milly	Uther Conditions
3 13. Sirthplace Survey Co. Net.	
31.	(Include pregnancy within 3 months of death)
14. Malden name Dussey Co. Def.	0 10 9
The matter maine.	Major findings of operations.
≥ 15. Birthplace	- Oate of op
201. Ac 10 01.11.	4
18. informant	Antopsy results.
18. Informati	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 421. VE. William et Sellety Ma	
11 11 114 114 114 114 114 114 114 114 1	-22. VIOLENCE: if death was due to external causes, fill in the following:
17 Bull Aafe thereof Just . 1777.	Applicant suitable or hamicide
(Burial, cremation, or removal Whick) (month) (day) (year)	Accident, suicide, or homicide
William Willia	Where did injury accur?
Cemeter of crematory.	Where did injury occur?
The part of Transaction	No of the Aller (where 2)
Location / CCCCCC Cs. ///CCCCCCC	Injured at home, farm, Industry, public place (where?)
1002100 has 16-9/9/11/2016	Means of Injury Injury at work?
Millery 16 Waller KI / Willer	ancams of injury
18. Funeral precior	
" solution marriand	- Kaling her
Addistracting the form	122 SIGNATURE
1/14/11-16 : 20)	M. D. or other
19. (Date see'd by registrar)	musipalisting, Md Date signed 1/2/43-

SEPTEMBER OF DESCRIPTION



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore god CERTIFICATE OF DEATH

00978

Reg. Dist. No. 333

County PECONE C	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboro infants give residence of mother)
(If outside city or town limit write LURAL and give oearest town)	State Md. g Gount Ricomics
How long in above place of death?	City or town (If outside city or towo limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Clara Michols	Process 3. (b) Social Security Number
Jenale White Widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DE DEATH 2D. DATE DE DEATH MEDICAL CERTIFICATION 19 4/5 1 745 Q
6.(b) Name of husband or wife Storge M. Proposition of the Storge M. Propo	21. I CERTIFY that death coursed on the date above stated: that I attended deceased from
deceased (mo., day, yr.) Dec. 27-1861 8. AGE: Years Months Days It less than one day	and that I last saw h alive on 19 Immediate cause of death DURATION
83 /0min	Example 3 days
9. Birthplace RD, #4. Salisty mayland (Town, coonty, and state) 10. Usual occupation. Homee	Due to Appellation 3 yrs.
11. ladustry or business at Home	Due 10.
3 13. Birthplace P.D. # 4. Sality mayland	Dither condillons (Ioclude pregnancy withto 3 months of death)
14. Maiden name Elmis / Musilet 15. Birthplace P. D. # 4. Salistus Musyles	(locitide pregnancy withto 3 months of death)
18. Interment M. Marion S. Press /	Autopsy results.
Address P.D.#4. Salitury maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or republ. Which?) Bare thereof (month) (day) (year)	Accident, suicide, or homicide
Localist Falisting Mayland	Where did injury occur? (City or town) (Coooty) (State) Injured at home, farm, indusiry, public place (where?)
18. Feneral director and to Wallet R. Holloway	Meaos of Injury Injured at work?
Address Salifling, Maryland.	23, SIGNATURE Reven & Mann
19. (Date per'd by registrar)	Address Dalis by my- Bate signed 1/6/45

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correction is especially important. Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7400

00979

CERTIFICATE OF DEATH

Reg. Dist. No. 33/

1. PLACE OF DEATH: W. C.	2. USUAL RESIDENCE (HOME) OF DEGEASED:
County	State County
City or town (If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	(If butside cier or town limbs, write RUKAL and one nearest town)
Hospital, Institution, or street address ware death occurred	Street No. Chestrul strut
	(If rural, give LOCATION)
Now long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME ackson Llewlyn	Reddish 3. (b) Social Security Number
Male Phile Maried, widowed, or diffeed	MEDICAL CERTIFICATION 20. DATE OF BEATH. 29. 45. 15. 4. M
Flora H. Reddisk	21. I CERTIFY that don't occurred on the title above stated: that attended deceased from
6.(b) Name of husband or wife.	Jalua 1 , 45 , Julya 75 , 45
7. Birth date of	and that I last saw house alive on facul start 284 1945
deceased (mo., day, yr.) 8. AGE: Years months Days If less than one day	Immediate cause of death
1019 17	
200 2 hrsmin.	Gronay the wylosis
9. Birthplace & D. Nelman Dellavan	Due 10
(Town county, and tate)	
1D. Usual occupation	Due to
11. Industry or busings	
12. Name. Office P.O. Salitury Manyland	Other conditions
2 13. Birthplace // N. Mallithy Maryland	(Include pregnancy within 3 months of death)
E 14. Maiden name.	Major findings of operations.
15. Birthplace Man Ochner Ochura	Bate of op.
16. Information. Flore H. Reddiel	Autopsy results.
Address Chestrut A. Hebron md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Recial 90, 21,1045	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or proval. Which) Date thereof (Apolth) (day) (year)	Accident, suicide, or homicide
Cemetery Hulyy Vien ,	Where did injury occur?
Location lieu Delmar ma.	Injured at home, farm, Industry, public place (where?)
Holloway & Walter K. Hollons	Injured at work?
18. Fureral director.	(01.00. 0.1
Address Salusting Manyland,	23. SIGNATURE William Ererich
1 Jan 30 1/45 mist M. Walley	M, D, or other
(Dete rec'd by registrar) Registrar	Address Helly - Md. Date signed 130/45



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

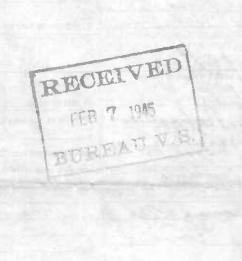
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00989

CERTIFICATE OF DEATH

Reg. Diat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Missangues	///
(if outside city or town limits, write RURAL and give nearest town)	State Manylgad Sounty Millionica
How long in above place of death?	(If outside city or town) imits, write RURAL and give nearest town)
Hospital, Institution, or street address where steath occurred:	Street No. 105 Cheshy Street
Peninsula General Josephial	(If rural, glyc LOCATION)
How long in hospital or institution? of clays - 18012 hours.	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Wind: ld (Robertan)	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	220-12-2082
man 1 Pi	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH SAMUANG 11 19 4 5 at 7 PM
6.(b) Name of husband or wife Assa & Robertone	21. I CERTIFY that death occurred on the date above stated; that Tattonded deceased from
	Le pln 4 1945 to Jan 1/1843
7. Birth date of years	and that I last saw have ballive on the same same same same same same same sam
deceased (mo., day, yr.) Jan 5, 1865	Immediata cause of death
8. AGE: Years Months Days If less than one day	Cardia i Deemp.
80 0 6hrsmin.	
9. Birtholace State Sara Olecanics Md	Due to Alterioschistic heart Discon
(Town, county, and state)	PUC IV.
10. Usual occupation Watternan & rommer	***************************************
11. Industry or business	Due to
12. Name Leosge H. Rabertane 13. Birthplace Waternico GW Mod.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Mortisa Lormon	Major findings of operations.
15. Birthplace Wigomice w ma	
Bracks Poliston	Date of op.
16. Informant Auto-	Autopsy results
Address Nesus va par 254	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burist, cremation, or remous). Which?) Bate thereof	Accident, suicide, or homicide
No. 1 to the contract	
Gemetery or crematory	Where did injury occur?
Location South Mol C	Injured at home, farm, Industry, public place (where?)
18. Funeral director The Hill & Achieven co	Means of Injury Injured at work?
6.0.000	
Address Salinousy Ma	22 SIGNATURE AMAGILL
10 1/12 walls Lagget & Och	7-23. SIGNATURE. M. D. or other
(Date pec'd by registrar)	Address Aulishung Bate stoned am 14, 19 x.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

00981

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	
(If outside city or town limits, write RURAL and give nearest town)	State Many land County Marce
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Mospital institution, or street address where death occurred:	
Usmnoula Idenial oloop.	Street No
How long In hospital or Institution? 5 Carps 10 12 hss.	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Kawley Richard	
4. Sex 5. Color or race 6.(a) Shigle, married, widowed, or divorced	MEDICAL CERTIFICATION
male Black	20. DATE DE DEATH DANIEUR 6 1945 N 6 A
a PR. P.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8.(b) Name of husband or wife. Lannie on Kawley	
	Dec 31 1944, 10 Jan 6 194
7. Birth date of deceased (mo., day, yr.) Trackelo 20 1573 187	and that I last saw h. Ralive on 1947
8. AGE: Years Months Days Viess than one day	Immediate cause of death
S. Ada.	Affin of the state
hrsmin,	M. Aghultis. Kell
9. Birthplace Stackton model	Due to
(Town, county, and state)	
	Due to
11. Industry or business	
12. Name Meles Mana	Dither conditions
12. Name Mana Mana Mana Mana Mana Mana Mana Man	
14. Maiden name Searle Poweley	(Include pregnancy within 3 months of death)
	Major findings of operations.
15. Birthplace	Bate of op.
18. Informant	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (Month) (May) (year)	Accident, suicide, or homicide
() · · · · · · · · · · · · ·	
Cemetery or crematory.	Where did injury occur?
Location	injured at home, farm, indostry, public place (where?)
O, in h	Means of injury injured at work?
18. Funeral director Living 19200	2/1.0
Address starkton ma	1/ 1/11 1/1.19
1/4 116 40 1 40 0 1	23. SIGNATURE M. D. or other
19	Address Date signed / 6/4/6

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore 159

Reg. Dist. No. 333

CERTIF	CATE	OF	DEATH
CERTIF	CAIL	UL	DEALE

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Lenale White Single Single	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(6) Name of hosband or wife	and that I last saw be alive on 19
8. AGE: Years Months Gays If less than one day	Immediate cause of death DURATION DURATION DURATION
9. Birthplace	Due to
11. Industry or business ### 12. Name ####################################	Due to
13. Birthplace Rent Herbela 14. Maiden name Kuther Suize Starfur	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Address 015 110101 to Standard Standard Formand	Autopsy results
17. Burial, cremation, or removal. Which?) Oate thereof (month) (law (year))	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Saladay 18. Funeral director Add Add Add Address Co.	Where did injury occur?
Address Salisbury mil	23. SIGNATURE M. D. or other
(Date rec d by registrar)	Address Quelly 9 Bate stoned /26/4

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Miconico	(For newborn infants give residence of mother)
City or town Madela Springs - Rural (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Viconico
	City or town hardela Springs - Rural
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No.
	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Frederick Thomas	214-12-5552
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Thale Colored Married	
The course of th	20. DATE OF DEATH January 30 19 45 at 7:30 A. M
8.(b) Name of husband or wife. Edna Thomas	21. I CER(IFY) that death occurred on the date above stated; that i gittended deceased from
	1 2 2 2 11/ 1 2 2 2 1 1 1 2 2
7. Sirth date of	and the last saw h and live on 2 7 19.4 5
deceased (mo., day, yr.) hay 30, 1880	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
64 8 0min.	et vary same
9. Birthplace Miconico County, Maryland (Town, county, and state)	Due to
(Town, county, and state)	
10. Usual occupation Farm Laborer	Due to
11. Industry or business Farmer	
12. Name Lewis J. Flomas	
1 -1 -1 -1	Dther conditions
S 01	(Include pregnancy within 8 months of death)
14. Maiden name thoda C. Hall	
15. Birtholace Vicamica County hangland	Major findings of operations
C 70	Date of op.
18. Informant 6dna Thomas	Autopsy results.
Address Mardela Springs, Maryland R.J.D.	PHYSfCIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Qurial (Burial, cremation, or removal, Which?) Date thereof tubruau 2 19 45 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory hardely Cloud Conelary	Where did injury occur?
1 4 1 2	Where did injury occur?
Location Mardela Springs Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Ling Transfer and Lon	Means of Injury Injured at work?
7 1/1/	11- 11
Address tederalsburg haryland	23. SIGNATURE T. D. Tuchlen and
10 February 2 145 J. Foram letamo	M. D. googles,
19. Tebrusy 2 19 45 S. J. Fram 5 0172 (Date ree'd by Agristrar) Registrar	Address Thankson her Date signed 41/45

MAR 6 1945
BUREAU V.S.

X	The	legibly
	on carefully.	ce the causes of death clearly and le
	informatic	of death
	item of	causes
	every	rite the
	Supply	lease w
	JINK.	ians: p
	PADIN	Physic
)	NITH UNI	cially important. Physicians: please write
)	LAINLY, 1	especially
	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully	si

Evidence for change of MARYLAND STATE D. year of birth of deceased is shown 2411 N. Char	EPARTMENT OF HEALTH
	TE OF DEATH Reg. Dist. No. 337
1. PLACE OF DEATH: County 2010 100 100 100 100 100 100 100 100 10	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County Clip or iown County Clip or iown Clip or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	. 2.(a) If veteran, name war
3. (a) FULL NAME Mayor I homas	3. (b) Social Security Number 2/4-18-4606
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Col. married	20. DATE OF DEATH Jan. 29 10 19 45 at 16.35 A
5.(b) Name of husband or wife. A any Thomas Cest 7. Birth date of deceased (mo., day, yr.) Mar. (e, 1-9-70-1869)	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19. 4 19. 4 19. 5
8. AGE: Years Months Days If less than one day 75 9 23	Immediate cause of death DURATION
9. Birthplace Smiths Island, md. (Town, county, and state)	Due to Tuberalose 6 min
10. Usual occupation Corker	Buria
11. Industry or business 12. Name Philip thomas	Other conditions
14. Maiden name Unknown	(Include pregnancy within 8 months of death) Major fiedings of operations
2 15. Birthplace	Date of op
Address 7 hete & com mas	Autopay results
17. Bate thereof. Tel. 4 1945 (Burial, cremation, or removai, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory. Charactery	Where did injury occur?
18. Funeral director Assault Hassault Hanne	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Risalve Hold	23 SIGNATURE & Celler Deer
19. that the (Date rec'd by registrar) 19.45 - K-Woolfard Vall	Address 14 Level Date signed 1-45

MAR 6 1945
BUREAU V.

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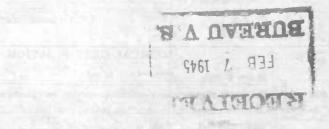
A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

06985

CERTIFICATE OF DEATH

ව ර්ගි ග්		2411 N. Charle	s St., Baltimore	ମିଶ	06985	
1001		CERTIFICAT			Reg. Diat. No	33
bly.	L. PLACE OF DEATH Meemis		2. USUAL RESIDENCE	E (HOME) OF		
legibli	City or town. (If outside city or town limits, write RURAL)	and give nearest town)	State Mg	County	Leon	4
early and legil	How long in above place of death?	are	City or town(If outsign the country of the co	le city or town limits.	rite RURAL and give near	est on)
on care	TO. F.Z. Spenning	Hell liva a	Street No.	(If ru al, give L		
1 0	How long In hospital or institution?		2.(a) tf veteran, name war.		····V	
information of death cle	3. (a) FULL NAME Heart Cals	in Trac	lu		3. (b) Social Security 1	Number
	4. Sex 5. Color or rece 6.(a) Single, marrie	d, widowed, or divorced		MEDICAL CER	RTIFICATION	
causes	Male White Mar	ried	20. DATE OF DEATH	an. 13	TH 1955	10.95
iter ca	6. (b) Name of husband or with Matilda Ans	with Irade	A1. I CERTIFY that death or	curred on the date above	stated: that pattended decea	sed from
D 1		give age 73 years	Xaus	/- /	10 Jan /	1950
every rite th	7. Birth date of deceased (mo., day, yr.) Dec. 13. 18	give age years	and that I last saw h	// _	NI	19KJ
ply w		ss than one day	Immediate cause of death		/	DURATION
Supply lease wr	73, 1, 2	hrs. min.	Cours	end He	morfu	lody)
INK. ins: pl	9. Birthplace (Town, cyunty, and state)		Due to	halin		-
C	10. Usual occupation.	2 Clark	Due to	A	j.	10/10/10
ADIN Physic	11. Industry optismess laneary Eggen	y digency	all	you for	nikli	2/10/
Tr.	12. Name 12.		Other conditions			
40	# 14. Malden name Olys Fierland		(Include)	pregnancy within 3 mo	nths of death)	
WITH	E 15. Birthplace Laluly may				Date of on	
-	16. informantes Matilda . 2	caoler	Autopsy results			
ial	Addres 80, #2. Salitus	md			h death should be charged	statistically.
PLAINLY, is especially	17 Buriel Bate theres	an. 18-45	-22. VIOLENCE: If death v			
D is	(Burlal, cremation, or restand Which?) Cemetery or ofmatos	(month) (day) (year)	Accident, suicide, or homic Where did injury occur?			(04-4-)
WRITE	Location Salishung Mary	and			(County)	(State)
	18. Funder difference of Ga Walle	P. Helone	Megans of injury	10	injured at work?	
PLEASE	Address Salisbury Mary	Carol .	23. SIGNATURE	Da	4 M Jose	,
PL	19. (Date red by registry) 19. H. b. Place	ce L E Jaj	Littles Du	ullan)	M. D. o	rother



A SECULIAR CONTRACTOR OF A VIOLENCE OF A VIO

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 31-0

CERTIFICATE OF DEATH

()(1986) Reg. Dist. No. 333

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Mary H. Pull	3. (b) Social Security Number
4. Sex 5. Color of the 6. (4) Single, married, widowed, or divorced finale a. a. walnut	MEDICAL CERTIFICATION 20. DATE OF DEATH 22 January 19 45, 21 39, M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from CJanuary 3 1945, to January 22 1945 and that I last saw he alive on Sanuary 22 1945 Immediate cause of death Cerebral Coing DURATION
9. Birthplace (Town, county, and state) 10. Usual occupation.	Bue to Chronic Nephrilis - GorTTTIS Bue to Grierio Scierosis
11. Industry or business 12. Name Marmeline Application 13. Birthplace Prince Subject 14. Maiden name and a subject 15. Birthplace Applications of the subject of the s	Other conditions
18. Information Laurence leading	Autopsy results
Address Address Dato thereof Address (Burial, cremation, or removal. Wideh?) Cemetery or crematory D. M. A. H. M. L.	22. VtOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
19. (Date of d by registrar)	18. SIGNATURE MANUAL DIOWNE M. D. or other M. D. or

THE LAST TO THE PETAL STATE OF THE LAST STATE STATE OF THE LAST STATE STATE OF THE LAST STATE STATE OF THE LAST STATE ST

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BUREAU V.S.

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VS A15

O1. Manyland State DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

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CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH: Posses	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	State. State. And Shutty Come S
(If outside city or fown limits, write RURAL and give nearest town)	of aletin
How long in above place of death?	(If outside city to town limit / write/RURAL and give negrest town)
nospital partition, or site faunces when death occupied.	Street Ho./2/0 C. Cliffeth 74.
Now long in hospital or institution?	(If rural, give LOČATION) 2.(a) If veteran, name war
3, (a) FULL NAME	
William King	3. (b) Social Security Number
4. Sex 5. folor or nee 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 415- 950 D
man cail 12	20. DATE DF DEATH 19 at 19 M
6.(b) Name of husband or wife	21. I CERTIFY that geath occurred on the date above stated; that attended deceased from
7. Birth date of	Jun 22 1943, 10 Jung 25 144
deceased (mo., day, yr.) No Paend.	and that I last saw h. A. A. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
80nrsmin.	
9. Birthplace Jyackin Md.	Due to.
(Town, coulty and state)	
10, Usual occupation.	Due 10
11. Industry or business	
12. Name. James Junes Ju	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Oyarkin m.d	Major findings of operations.
\$ 15. Birthplace Jule Med	Date of op.
18. Informently Magagle S. Duny	Autopay resulfa
Addres 210. IF. Church it Salife	PHYSICIAN Please underline the cause to which death should be charged statistically.
17 Burial Date thereof Jan. 31-457	22. YIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Mysikin ma.	Injured at home, farm, Industry, public place (where?)
18. Autor White to Mary Con Walter R. Hollon	Means of Injury Injured at work?
Hoteliken marland	Dan an Jan D
1/21/11-12 120	23. SIGRATURE M. D. or other
19. (Date of d by registrar)	tidiaco massaria por cimad 1/29/45

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FEB 7 1945
BUREAU V.S.

2411 N. Charles St., Baltimore 122-01 CERTIFICATE OF DEATH Reg. Dist. No. 333 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: The (For pewborn infines give residence of moth recome to How long in above place of death?.. (If outside city or town limits, write RURAL and give nearest town) Hospital, installion or street andress where death occurred: death clearly (If rural, give LOCATION) information of death clea How loog in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING causes item of 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from every it 7. Birth date of Supply (deceased (mo., day, yr.) DURATION 8. AGE: Years ADING INK. Supp Physicians: please 9. Birthplace.... (Town, county, and state) important. (Include pregnancy within 3 months of death) Major findings of operations..... especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 42. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide..... WRITE Where did injury occur? (City or town) (County) Injured at home, tarm, Industry, public place (where?) Means of Injury injured at work? EASE M. D. or other Date signed ...

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FEB 7 1945
PUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-1

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CERTIFICATE OF DEATH

Per Dist No 333

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) single, married, widowed or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH. 123/45 19 01 11:05 A m
8.(b) Name of hueband or wife. Millie June Waller 7. Birth date of	21. I CERTIFY that death occurred on the date above stated: that I atjended deceased from
deceased (mo., day, yr.) Sept. 3. 1860	and that I last saw h
8. AGE: Years Mopths Days If less than one day State 1	Immediate cause of death DuraHell
9. Birthplace	Due to.
11. Industry or businese	
12. Name Mariniace Mariniace Mariniace	Other conditions fahreless than Dissert
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations.
SI 15. Birthplace	Date of op.
18. Informant Address Solichund May	Autopsy results
17. Bute thereof. (Burial, cremation, or removal, Winch?) (month) (dsy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory And Market Marie Communication of the Communicatio	Where did injury occur?
18. Funeral director I Jak A Medical Addition	Injured at home, farm, industry, public place (where?)
Address / Alhan MA	There & mann
19. Det per de by registrar)	3. SIGNATURE M. D. or other M. D. or other M. D. or other M. D. or other

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FEB 7 1945
BUREAU V.S.

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ate	Mus
	n limits, write ROPAL and give nearest town
reet No. 17 3	al, give LOCATION
(a) If veteran, name war	<u>U</u>
land	3. (b) Social Security Number
MEDICA	L CERTIFICATION
DATE OF DEATH	20 th 1945 al/8_
. I CENTINY that death occurred on the d	date above stated; that I attended deceased from
Jan 6	19 43 to Jan 20 19 9
d that last saw h Manalive on	Jun 120, 19
mediate cause of death	OURATIO
[ugunu]	acous
Alt-	A
e to William	auss
e to	

er conditions	
(Include pregnancy wi	thin 3 months of death)
jor findings of operations	10 Orecations
	Bate of op. Drond
topsy results	2
IYSICIAN: Please underline the cause	e to which death should be charged statistically.
VIOLENCE: If death was due to exte	rnal causes, fill in the following:

Injured al work?

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BOLLANDING BUILDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-00

CERTIFICATE OF DEATH

00991 Reg. Dist. No. 3.3.1

1 DIACE OF DEATH	II a second seco
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wilcomes	(For newborn infants give residence of mother)
City or town near Crittain le mi.	State County Williams
(If outside city or town limbs, write RURAL and give nearest town)	K +++ · -)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	(1. Total of the same, with the same same site states town)
	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	
S. (a) TOLE HAME	3. (b) Social Security Number
TOHOREST BOOK WILL.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
male Will married	20. DATE OF BEATH 20122nd 1945 at 740 Q m
	11
6.(b) Name of husband or wife & alle m. White	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
Q.T. '11. \all 7.5	argust 1940 19 to date I death
7. Birth date of	1 2 A 101111
deceased (mo., day, yr.) Dec 15- 1867	and that I last saw hammalive on Asia and the I
	Immediate cause of death DURATION
8. AGE: Years Months Bays It less than one day	Chronic Int nephritis
77 0 /7hrsmin.	Chrisis muscasite 8 400.
D '10 - 1	
8. Birthplace Pillswille, md!	Due to The Marketing to
(Town, county, and atate)	
1D. Usual occupation Merchant,	
	Due to
11. Industry or business	
12. Name Jolen W. White,	Other conditions Cerebral Germanheese
E /ait 'M a d	
	(Include pregnancy within 8 months of death)
14. Maiden name Saura Freerry 1 15. 81ythplace Pittsville md.	(Include pregnancy within a months of death)
5	Major findings of operations.
El 15. 81rthplace Tilleville and	Date of op.
many finded to an about any	
16. Informant MITO Dollar M. Welle	Antopsy results.
Address Pillwelles md,	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 11	22. VIOLENCE: If death was due to external causes, till in the following;
17. (Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Austral autological bandelle
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Friendslash,	Where did injury occur?
Dans GIT 'Ma son!	
Location Me are Julisticiles /110	Injured at home, tarm, industry, public place (where?)
715-176-1704 2/000	Means of trijury Injured at work?
18. Funeral director. UN W. 160WWWA Wells.	
Address Pillavilles and	1. 180 0 5.1
O January IIIC.	23. SIGNATURE Frank Lema M
1. Com of who Cillian A Waring	M. D. or other
(Date ree'd by registrar) Registrar	Address Inclasto Md. Date signed 1-2-45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

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2009

1. PLACE OF DEATH: Wisconist	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn in ants give residence of mother)	
(If outside city or town limits, write KURAL and give nearest town)	State County	·
How long in above place of death? 79 Mesu-	City or town	
Hospital, Institution, or street addeds where dentil occurred:	Street No. 10 6 Parson St	
106 Varson St.	(If rural, give LOCATION)	**********
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
dillie Mindson	2	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
Temple White Manied	1se 7 45 0	150
6 71/21/2		
6.(b) Name of husband or wife	21. I CERTYY that south occurred on the date above stated; that I attended deceased from	44
7. Birth date of years	and that I last saw had alive on	
deceased (mo., day, yr.) All L9 1865		RATION
8. AGE: Years Days If less than one day	Howeffica 811	
79 8 8hrsmin.		
9. Birtholaco Salisbury Wicomice ca Mos	Due to	
(Dwn, ownty, and state)		.00000000000000000
1D. Usual occupation	Due to.	
11. Industry or business		Ja
12. Name Samuel Steelsonory	Other conditions	*************
13. Birthplace Willowice or ma		10000+000-0000
14. Maideo name Mory Williams	(Include pregnancy within 8 months of death)	
14. Maideo name Mary Williams 15. Birthplace Waterware would	Major findings of operations	
6 71/ 71/- 1	Date of op	
16. Informant.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically	
Address Salisbury Ma		-
(Burial, cremation, or removal, Which?) Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following:	
Naca e	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)	
Location	Injured at home, farm, industry, public place (where?)	
18. Funeral director.	Means of Injury Injured at work?	
Address Shistons and	116.11.6	
1/2	23. SIGNATURE / /// // //	
19. (Dyte food by series)	M. D. or other	1

